



# UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov



CONFIRMATION NO. 4436

Bib Data Sheet

|                             |                                   |              |                        |                                |
|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------|
| SERIAL NUMBER<br>10/713,917 | FILING DATE<br>04/08/2003<br>RULE | CLASS<br>604 | GROUP ART UNIT<br>3763 | ATTORNEY DOCKET NO.<br>END-875 |
|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------|

## APPLICANTS

Joseph P. McGurk, Mason, OH;

## \*\* CONTINUING DATA \*\*\*\*\*

*None JAB*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None JAB*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/09/2003

| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR<br>COUNTRY | SHEETS<br>DRAWING | TOTAL<br>CLAIMS | INDEPENDENT<br>CLAIMS |
|---------------------------------|---|---------------------|-------------------|-----------------|-----------------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | OH                  | 8                 | 13              | 3                     |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                     |                   |                 |                       |

## ADDRESS

26875  
WOOD, HERRON & EVANS, LLP  
2700 CAREW TOWER  
441 VINE STREET  
CINCINNATI, OH  
45202

## TITLE

Safety needle and catheter assembly

|                 |   |   |
|-----------------|---|---|
| FILING FEE      | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
| RECEIVED<br>900 |   |   |